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*Admitted only in Maryland
+Admitted only in Virginia
•Practice Limited to
Federal Agencies

November 21, 2005

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PO Box 1450
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Art Unit 1648
Attn: Mail Stop Amendment

Re: U.S. Utility Patent Application
Appl. No. 10/617,876; Filed: July 14, 2003
For: Molecular Antigen Arrays
Inventors: Bachmann *et al.*
Our Ref: 1700.0310001/BJD/SJE

Sir:

Transmitted herewith for appropriate action are the following documents:

1. Credit Card Payment Form (PTO-2038) in the amount of \$1,750.00 to cover:
\$1,525.00 Excess Claims Fee for Small Entity;
\$ 225.00 Two-Month Extension of Time Fee for Small Entity;
2. Fee Transmittal Form (PTO/SB/17);
3. Petition for Extension of Time Under 37 C.F.R. § 1.136(a);
4. Amendment and Reply Under 37 C.F.R. § 1.111;
5. Declaration of Martin F. Bachmann Under 37 C.F.R. § 1.132 with attached Figure A; and
6. One (1) return postcard.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

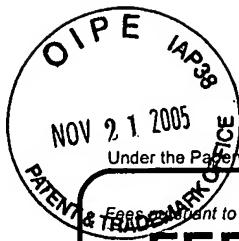
Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Simon J. Elliott
Simon J. Elliott, Ph.D.
Agent for Applicants
Registration No. 54,083

BJD/SJE/lam
Enclosures

456691.1



Equivalent to Form
PTO/SB/17 (12-04)

Approved for use through 07/31/2006.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
1,750.00

Complete if Known	
Application Number	10/617,876
Filing Date	July 14, 2003
First Named Inventor	Martin F. Bachmann
Examiner Name	Mosher, Mary
Art Unit	1648
Attorney Docket No.	1700.0310001/BJD/SJE

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 19-0036 Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>
Fee (\$)
50
25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200
100

Multiple dependent claims

360
180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
112	- 20 or HP 59 = 53	x 25.00	= 1325.00

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
0.00	0.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
10	- 3 or HP 8 = 2	x 100.00	= 200.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

225.00

Other: Two-Month Extension of Time Fee

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	54,083	Telephone	(202) 371-2600
Name (Print/Type)	Simon J. Elliott, Ph.D.			Date	November 21, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.